

Table 3. Non surgical management of adrenal incidentalomas

Pathology	Alternative management
Subclinical Cushing's syndrome ^{1-3,153}	Careful observation Lifestyle changes Management of hypertension, diabetes mellitus, dyslipidemia
Pheochromocytoma ¹⁵⁵⁻¹⁵⁹	1. Adrenergic receptor blockers 2. Calcium channel antagonists 3. A-methyl-paratyrosine 4. Conventional radiotherapy 5. Other targeted methods (radiofrequency ablation, cryoablation and arterial embolization) 6. ¹³¹ I-MIBG 7. Octreotide 8. Chemotherapy (cyclophosphamide, vincristine and dacarbazine) 9. Future therapies
Aldosterone producing adenoma ^{72,74,75,160-165}	1. Spironolactone 2. Eplerenone 3. Additional antihypertensive drugs (calcium channel blockers, angiotensin converting enzyme inhibitors, amiloride, triamterene) 4. Aldosterone-synthase inhibitors
Primary adrenocortical carcinoma ^{13,37,165-170}	1. Mitotane 2. Etoposide, doxorubicin, cisplatin (combination with mitotane) 3. Streptozotocin (combination with mitotane) 4. Radiotherapy 5. Percutaneous chemical ablation 6. Anti-angiogenic agents, tyrosine kinase inhibitors, gene therapy and immunotherapy
Metastatic lesions ³	Chemotherapy and radiotherapy of primary cancer